



A LONGER NIGHT'S SLEEP **Patients fall asleep rapidly,** **sleep longer**

Patients taking 30 mg of Dalmane induced sleep within 15 minutes, on average. In 22 insomniac patients during a clinical evaluation in the sleep laboratory, the subjects averaged 7 to 8 hours of sleep.¹ Moreover, the sleep latency time required to fall asleep of 5 insomniacs receiving Dalmane for a longer period of time averaged only 17.7 minutes throughout 28 consecutive nights of administration, with an average of 7.1 hours of sleep.²

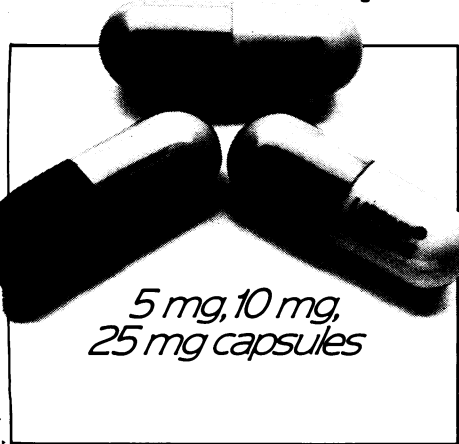
EFFICACY FOR A GREATER **NUMBER OF NIGHTS**

Patients obtained relief for at least **28 consecutive nights**

Dalmane (flurazepam HCl/Roche) is the only sleep medication objectively tested and proved effective for a 4-week period.^{2,3} Because insomnia is usually transient, the prolonged administration of any sleep medication is seldom necessary. Should Dalmane be used for a prolonged period, the appropriate patient evaluations such as periodic blood counts and liver and kidney function tests should be performed.

Librium[®]

chlordiazepoxide HCl/Roche



- ☐ Proven antianxiety performance
- ☐ An unsurpassed safety record
- ☐ Predictable patient response
- ☐ Minimal effect on mental acuity at recommended doses
- ☐ Minimal interference with many primary medications, such as antacids, anticholinergics, diuretics, cardiac glycosides and antihypertensive agents

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states. Efficacy beyond four months not established by systematic clinical studies. Periodic reassessment of therapy recommended.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Warn patients that mental and/or physical abilities required for tasks such as driving or operating machinery may be impaired, as may be mental alertness in children, and that concomitant use with alcohol or CNS depressants may have an additive effect. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and

acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. Oral—Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. (See Precautions.)

Supplied: Librium[®] (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose[®] packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs[®] (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

*synonymous
with relief of anxiety*

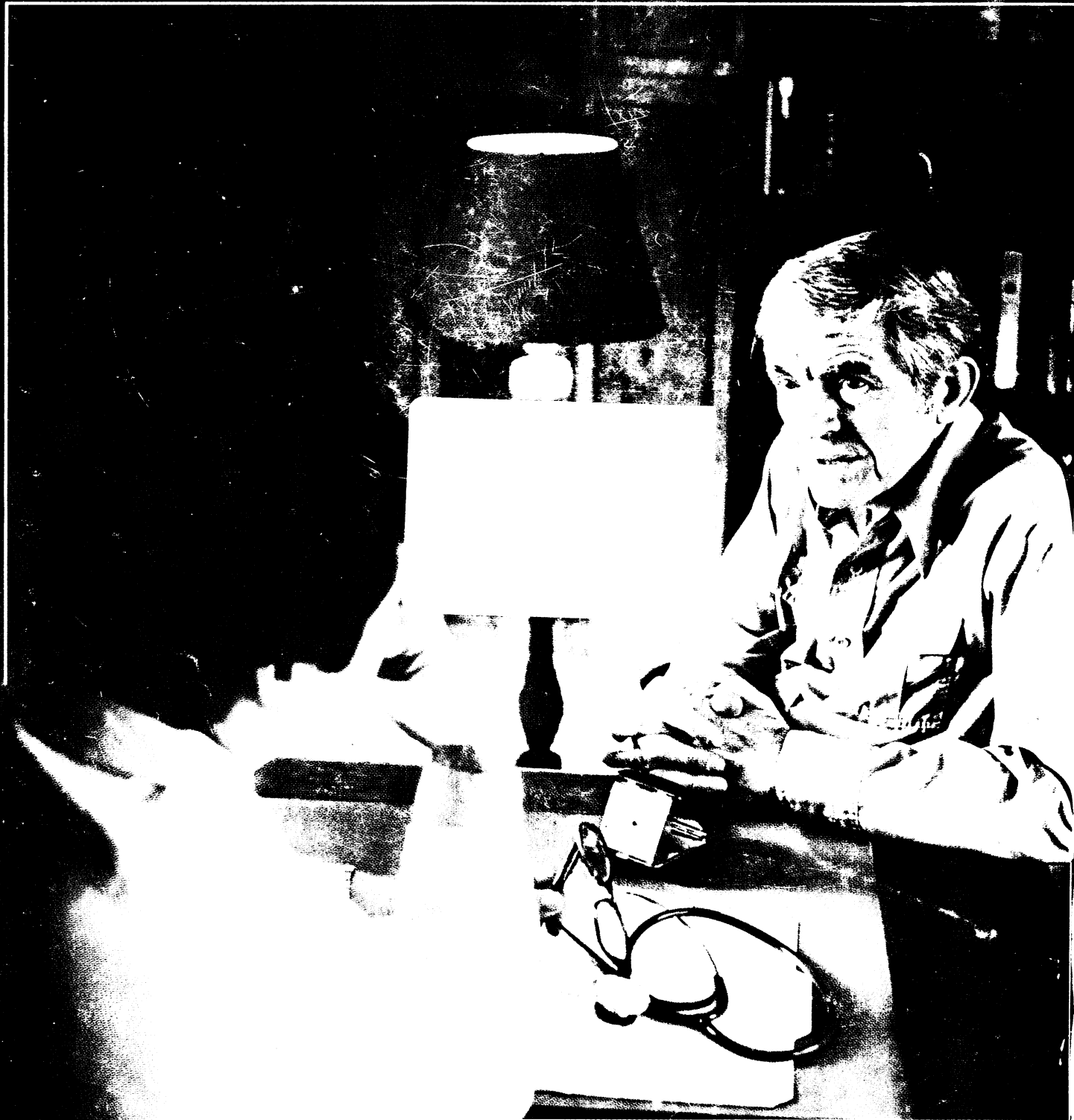
ROCHE

Roche Products Inc.
Manati, Puerto Rico 00701

Please see following page.

Librium®

chlordiazepoxide HCl/Roche
5 mg, 10 mg, 25 mg capsules



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with relief of anxiety

Please see preceding page for a summary of product information